

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2				/			52						
3							53						
4				/			54						
5							55						
6				/			56						
7							57						
8				/			58						
9				/			59						
10				/			60						
11				/			61						
12							62						
13							63						
14			/				64						
15				/			65						
16				/			66						
17							67						
18				/			68						
19							69						
20				/			70						
21				/			71						
22				/			72						
23				/			73						
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25							75						
26			/				76						
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29				/			79						
30							80						
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33				/			83						
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35				/			85						
36				/			86						
37							87						
38							88						
39			/				89						
40				/			90						
41			/				91						
42				/			92						
43				/			93						
44			/				94						
45			/				95						
46			/				96						
47			/				97						
48			/				98						
49			/				99						
50							100						
TOTAL IND.			11				TOTAL IND.						
TOTAL DEP.			24				TOTAL DEP.						
TOTAL CLAIMS			35				TOTAL CLAIMS						